



Community Development  
 1700 NW 9<sup>th</sup> Avenue, Suite A  
 Okeechobee, FL 34972  
 (863) 763-5548

# REVISION

MUST BE COMPLETED BY PERMIT APPLICANT OR CONTRACTOR

**Copies required:**

**Residential – 2 Copies**

**Commercial – 3 Copies**

**REVISIONS FOR PERMITS WILL NOT BE ACCEPTED VIA FAX**

DATE: \_\_\_\_\_ Received By: \_\_\_\_\_  
 PERMIT # \_\_\_\_\_ PERMIT TYPE (SFD, Shed, etc) \_\_\_\_\_  
 JOB SITE ADDRESS \_\_\_\_\_  
 CONTRACTOR'S NAME \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_  
 CONTACT FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**REVISION DUE TO:**

- |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Zoning</b> (change of location or design, Elevation Certificate, etc)<br><br><input type="checkbox"/> <b>Land Development</b> (Change Grading, GEO, Finish Floor Elevation, Drainage, etc) | <input type="checkbox"/> <b>Building</b> (Plan, Trusses, energy calcs, compaction test, etc)<br><br><input type="checkbox"/> <b>Building -</b> Re-stamp plans<br><input type="checkbox"/> <b>Building</b> (Additional work)<br>Indicate increase to original job value: \$ _____ * | <input type="checkbox"/> <b>Fire Marshal</b> (fire suppression system, fire sprinklers, etc)<br><br><input type="checkbox"/> <b>Other</b> (specify) _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

Information Submitted (including number of copies): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>			
<input type="checkbox"/> Zoning:	Date: _____	Approved _____	Rejected _____
<input type="checkbox"/> L.D.:	Date: _____	Approved _____	Rejected _____
<input type="checkbox"/> Bldg. Plan Review:	Date: _____	Approved _____	Rejected _____
<input type="checkbox"/> Fire:	Date: _____	Approved _____	Rejected _____
<input type="checkbox"/> Other:	Date: _____	Approved _____	Rejected _____
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Comments: _____			
*This may result in additional fees above and beyond the revision fee.			
<b>FEE: ( ) Yes - Amount: \$ _____ ( ) NO CHARGE</b>			